

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2020	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 142512.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AEST29 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Media Buy - Estimate		Category/ Type		
Name of Federal Candidate McBath, Lucia, K., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought		176051.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2020	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 3830.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AEST37 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Media Production - Estimate		Category/ Type		
Name of Federal Candidate McBath, Lucia, K., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought		176051.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	146342.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 07 / 2020

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2020	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 4830.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AESSV4	
Purpose of Expenditure Media Production - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cunningham, Cal, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1181242.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4830.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	151172.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

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Date

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10 / 07 / 2020

Signature